

Application No. 09/742,268

Attorney Docket No. 1999P03882US

REMARKS

Claims 1-28 are pending in this application, with claims 1-18, 20 and 25 being amended by this response. Claims 1-18, 20 and 25 are formally amended by this response to more clearly point out and distinctly claim the present invention. Support for these formal amendments can be found throughout the specification, specifically on pages 3-4 and 9-10 of the present specification. Therefore, Applicant respectfully submits no new matter is added by the amendments to claims 1-18, 20 and 25.

Rejection of Claims 1-28 under 35 USC § 103(a)

Claims 1-28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hennessy et al. (U.S. Patent No. 6,277,071) in view of Correa et al. (U.S. Patent No. 5,882,203).

The present claimed invention, as amended herein, recites a method and system for allowing a patient, suffering from a neurological disease and receiving medicine for that disease, to self monitor his actual state. The method includes the step of providing a computer to a patient substantially on a daily basis, wherein the computer is at a location readily accessible to the patient. The computer is used for acquiring information from the patient via an interactive procedure. The acquired information is selected from a group consisting of information characterizing a motor function of the patient, information characterizing a verbal communication ability of the patient, and information characterizing cognitive abilities of the patient. Another step is providing an expert system accessible by the computer. The acquired patient information is provided to the expert system for processing. The expert system determines, from the acquired information, at least one quantified indicator describing the state of the patient suffering from a neurological disease, which is treated with medication. The computer is provided with an output device and the quantified indicator is made available to the patient via the output device. Independent claims 1 and 17 each disclose similar features to those discussed above and thus all arguments made concerning such features apply to each of these claims.

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Hennessey et al. disclose a system for monitoring a chronic disease. The system stores patient data entries and sorts the data according to whether a test threshold has been crossed. When the threshold is crossed, the physician is notified, the patient is notified, the health care provider is notified, and the patient's treatment plan is altered. Hennessey et al. (with Correa et al.) neither disclose nor suggest "a method for allowing a patient, suffering from a neurological disease and receiving medication for said disease to self-monitor the patient's actual state." Contrary to the assertions made in the Office Action, in Col 1, lines 50-67 to Col 2, line 35 Hennessey et al. actually disclose blood tests and examinations associated with treating a patient suffering from diabetes. Diabetes is not a neurological disease nor are the blood tests associated with diabetes used to ascertain "motor function of the patient...verbal communication ability of the patient...and cognitive abilities of the patient" as in the present claimed invention.

The applicant also respectfully disagrees with the assertion made in the Office Action that Hennessey et al. disclose the step of "providing a computer at a location readily accessible to a patient substantially on a daily basis." While Hennessey et al. does disclose in Col 2, lines 8-67 "the data may then be downloaded and/or transferred to a computer," the computer is not a requirement. Additionally, in Col 5, lines 30-67 Hennessey et al. disclose a central database and computer memory. However, Hennessey et al. (with Correa et al.) neither disclose nor suggest "providing a computer at a location readily accessible to a patient substantially on a daily basis," as in the present claimed invention.

The applicant further respectfully disagrees with the assertion that Hennessey et al. disclose "conducting an interactive procedure between said patient and said computer to acquire information in said computer from the group consisting of information characterizing a motor function of the patient, information characterizing a verbal communication ability of the patient, and information characterizing cognitive abilities of the patient." Rather, in Col 6, lines 30-67 to Col 7, line 26 Hennessey et al. disclose what information is included in the patient record such as test data, which

Application No. 09/742,268 Attorney Docket No. 1999P03882US includes "the office date, practitioner, and office visit comments. Clinical information, i.e. weight, height, blood pressure, smoking status, blood glucose recordings, neuropathy, skin condition, eye exam, are stored." Also, quality of life indicators, a quality plan, medication, therapies and treatments are also included in the patient record disclosed by Hennessy et al. The information acquired by Hennessy et al. is general information about the physiology of the patient. This is unlike the present claimed invention which discloses an interactive procedure between a patient and a computer used "to acquire information in said computer from the group consisting of information characterizing a motor function of the patient, information characterizing a verbal communication ability of the patient, and information characterizing cognitive abilities of the patient" as in the present claimed invention. In fact, the information acquired by Hennessey et al. would not be "the acquired information" of the present invention due to the distinct difference in the information acquired. Specifically, the information in Hennessey et al. is not "selected from the group consisting of information characterizing a motor function of the patient, information characterizing a verbal communication ability of the patient, and information characterizing cognitive abilities of the patient" as in the present claimed invention. Furthermore, Hennessey et al. is clearly directed towards monitoring a physiological disease i.e. diabetes, which is clearly not "a neurological disease" as in the present claimed invention.

Correa et al. disclose a method of detecting depression and its severity. Correa et al., similarly to Hennessey et al., neither disclose nor suggest "making an expert system accessible by said computer and supplying said information from said computer to said expert system and, in said expert system, determining at least one quantified indicator describing the state of the patient suffering from a neurological disease, which is treated by medication" as in the present claimed invention. Nor does Correa et al. (with Hennessey et al.) disclose "providing said computer with an output device and making said quantified indicator available to the patient via said output device" as contested in the Office Action and claimed in the present invention. Contrary to the assertions made in the Office Action, in Col 1, lines 4-67 to Col 2, line 67 and Col 3, lines 1-41, Correa et al. actually disclose a method "for detecting the presence and severity of depression by means of measuring the subject's color perception, and

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changes in color perception.” Correa et al. repeatedly recite throughout the application that color directly correlates to a level of depression and Correa et al. specifically requires color to be obtained as an indication of the level of depression of the patient. Correa et al. (with Hennessy et al.) neither disclose nor suggest providing information characterizing a verbal communication ability, motor function, or cognitive ability of a patient to “an expert system for processing thereby, and determining...at least one quantified indicator describing the state of the patient suffering form a neurological disease which is treated with medication,” as in the present claimed invention.

It is also respectfully submitted that there is no reason or motivation to combine these two references as Hennessy et al. is directed towards monitoring a chronic disease through physiological indicators while Correa et al. are concerned with measuring the severity of depression through color perception. The type of disease monitored and means for monitoring this disease in each of Hennessey et al. and Correa et al. are totally unrelated. Individual diseases each require unique and subjective methods of monitoring and treatment. Thus, there would be no reason or motivation to combine teachings on treating and monitoring two different and unrelated diseases to produce a method or system for treating and monitoring a third unrelated disease, a neurological disease as in the present claimed invention.

Additionally, even if there is some motivation to combine these two references, such a combination would produce a system that monitors chronic disease and depression through physiological indicators and color perception. This combination would still not disclose “a method for allowing a patient, suffering from a neurological disease and receiving medication for said disease to self-monitor the patient’s actual state” as in the present claimed invention. Nor would such a combination disclose “providing a computer at a location readily accessible to a patient substantially on a daily basis” as in the present claimed invention. This combination would also not disclose “conducting an interactive procedure between said patient and said computer to acquire information in said computer from the group consisting of information characterizing a motor function of the patient, information characterizing a verbal communication ability of the patient, and information characterizing

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cognitive abilities of the patient” as in the present claimed invention. Nor would the combination disclose both “making an expert system accessible by said computer and supplying said information from said computer to said expert system and, in said expert system, determining at least one quantified indicator describing the state of the patient suffering from a neurological disease, which is treated by medication;” and “providing said computer with an output device and making said quantified indicator available to the patient via said output device” as in the present claimed invention.

The applicant also respectfully disagrees with the assertion in the Office Action that Correa et al. (with Hennessy et al.) disclose “information characterizing a motor function of said patient,” or “information characterizing a verbal communication ability of said patient,” or “information characterizing cognitive abilities of the patient” as in the present claimed invention. Correa et al. is concerned with information regarding depression in a patient. This is unlike the present claimed invention which concerns motor function, verbal communication ability, and cognitive ability. Additionally, contrary to the assertion regarding Claim 2, Col. 1, lines 66-67 and Col 2, line 67 and Col 3, lines 1-41, of Correa et al. disclose including questions “negatively and positively phrased avoid acquiescence bias.” This is not the same as determining whether a medication is working by looking for negative or positive effects, as claimed in claims 2-4 and 18-20 of the present invention.

Additionally, the Applicant further disagrees with the contention that Hennessy et al. disclose “a method comprising the step of acoustically entering said responses from said patient into said computer” as in claim 5 of the present claimed invention in Col 6., lines 12-67. Hennessey et al. actually disclose in this passage that the information is included in the patient record. Hennessey et al. (with Correa et al.) neither disclose nor suggest “a method comprising the step of acoustically entering said responses from said patient into said computer” as claimed in claim 5 of the present invention.

In view of the above remarks, it is respectfully submitted that Hennessy et al. and Correa et al., when taken alone or in combination provide no 35 USC 112

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compliant enabling disclosure showing the features claimed in claim 1 and 17. As
claims 2-16 are dependent on claim 1 and claims 18-28 are dependent on claim 17, it is
respectfully submitted that claims 2-16 and 18-28 are patentable for the same reasons
as claim 1 and 17 discussed above. It is thus further respectfully submitted that this
rejection is satisfied and should be withdrawn.

Having fully addressed the Examiner's rejections, it is believed that, in view of
the preceding amendments and remarks, this application stands in condition for
allowance. Accordingly then, reconsideration and allowance are respectfully solicited.
If, however, the Examiner is of the opinion that such action cannot be taken, the
Examiner is invited to contact the applicant's attorney at the phone number below, so
that a mutually convenient date and time for a telephonic interview may be scheduled.

No fee is believed due. However, if a fee is due, please charge the additional fee
to Deposit Account 19-2179.

Respectfully submitted,
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